County: Chippewa RUTLEDGE HOME

300 BRIDGEWATER AVE
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CHIPPEWA FALLS 54729 Phone: (715) 723-5566		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	67	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	92	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	64	Average Daily Census:	61

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26.6 37.5
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	1.6	   Under 65	4.7	1 - 4 Years   More Than 4 Years	37.5
Day Services	No	Mental Illness (Org./Psy)	28.1	65 - 74	4.7		
Respite Care	No	Mental Illness (Other)	1.6	75 - 84	23.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.6	85 - 94	50.0	*******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	17.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	7.8			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	25.0	65 & Over	95.3		
Transportation	No	Cerebrovascular	4.7			RNs	9.0
Referral Service	No	Diabetes	6.3	Gender	%	LPNs	12.8
Other Services	Yes	Respiratory	3.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	17.2	Male	17.2	Aides, & Orderlies	48.0
Mentally Ill	No			Female	82.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		edicare			Medicaid Title 19			Other			Private Pay	2		amily Care		İ	Managed Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	328	35	97.2	111	0	0.0	0	20	100.0	173	0	0.0	0	1	100.0	419	63	98.4
Intermediate				1	2.8	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		36	100.0		0	0.0		20	100.0		0	0.0		1	100.0		64	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	or Residents'	Condit	lons, Services, an	d Activities as of 12/	31/04
beachs builing Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.4	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.4	Bathing	4.7		73.4	21.9	64
Other Nursing Homes	2.8	Dressing	10.9		71.9	17.2	64
Acute Care Hospitals	94.4	Transferring	17.2		65.6	17.2	64
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.5		60.9	26.6	64
Rehabilitation Hospitals	0.0	Eating	64.1		26.6	9.4	64
Other Locations	0.0	********	******	*****	******	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	72	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.7	Receiving Resp	iratory Care	3.1
Private Home/No Home Health	40.3	Occ/Freq. Incontiner	nt of Bladder	60.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	19.4	Occ/Freq. Incontiner	nt of Bowel	29.7	Receiving Suct	ioning	0.0
Other Nursing Homes	1.5				Receiving Osto	my Care	3.1
Acute Care Hospitals	14.9	Mobility			Receiving Tube	Feeding	1.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	7.8	Receiving Mech	anically Altered Diets	37.5
Rehabilitation Hospitals	0.0						
Other Locations	4.5	Skin Care			Other Resident C	haracteristics	
Deaths	19.4	With Pressure Sores		1.6	Have Advance D	irectives	54.7
Total Number of Discharges		With Rashes		1.6	Medications		
(Including Deaths)	67	İ			Receiving Psyc	hoactive Drugs	68.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	૾ૄ	% Ratio % Ratio % F		Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	66.3	88.5	0.75	89.0	0.74	90.5	0.73	88.8	0.75
Current Residents from In-County	98.4	80.0	1.23	81.8	1.20	82.4	1.19	77.4	1.27
Admissions from In-County, Still Residing	22.2	17.8	1.25	19.0	1.17	20.0	1.11	19.4	1.15
Admissions/Average Daily Census	118.0	184.7	0.64	161.4	0.73	156.2	0.76	146.5	0.81
Discharges/Average Daily Census	109.8	188.6	0.58	163.4	0.67	158.4	0.69	148.0	0.74
Discharges To Private Residence/Average Daily Census	65.6	86.2	0.76	78.6	0.83	72.4	0.91	66.9	0.98
Residents Receiving Skilled Care	98.4	95.3	1.03	95.5	1.03	94.7	1.04	89.9	1.09
Residents Aged 65 and Older	95.3	92.4	1.03	93.7	1.02	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	56.3	62.9	0.89	60.6	0.93	62.7	0.90	66.1	0.85
Private Pay Funded Residents	31.3	20.3	1.54	26.1	1.20	23.3	1.34	20.6	1.52
Developmentally Disabled Residents	1.6	0.9	1.76	1.0	1.51	1.1	1.39	6.0	0.26
Mentally Ill Residents	29.7	31.7	0.94	34.4	0.86	37.3	0.80	33.6	0.88
General Medical Service Residents	17.2	21.2	0.81	22.5	0.76	20.4	0.84	21.1	0.82
Impaired ADL (Mean)	48.8	48.6	1.00	48.3	1.01	48.8	1.00	49.4	0.99
Psychological Problems	68.8	56.4	1.22	60.5	1.14	59.4	1.16	57.7	1.19
Nursing Care Required (Mean)	6.1	6.7	0.91	6.8	0.89	6.9	0.88	7.4	0.81